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TRANSMITTAL FORM

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/803,464
	Filing Date	March 18, 2004
	First Named Inventor	Jonathan A. Noquil
	Art Unit	2826
	Examiner Name	Tuan Quach
Total Number of Pages in This Submission	Attorney Docket Number	90065.001400 (.67130.00)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (10 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time (2 Mos.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) (#0058-2005) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Executed Declaration with Power of Attorney (total 3 pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table><tr><td>Remarks <input checked="" type="checkbox"/></td><td>The fee in the amount of \$450 is to be paid as follows: The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to, Deposit Account No. 50-3010.</td></tr></table>			Remarks <input checked="" type="checkbox"/>	The fee in the amount of \$450 is to be paid as follows: The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to, Deposit Account No. 50-3010.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Hiscock & Barclay, LLP Thomas R. Fitzgerald, Esq.
Signature	
Date	2/27/06

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